

2014-2015

Kansas Public Health Workforce Assessment Report

Prepared by the Kansas Public Health Workforce
Development Coordinating Council

Funded by the Kansas Health Foundation Public Health Practice Program



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Kansas Public Health Workforce Assessment Report 2014-2015

Overview

The Kansas Public Health Workforce Assessment is a large-scale project that is statewide in scope and designed to provide:

- An overall competency assessment of public health staff based at the state and local health departments (LHD)
- A data-driven approach to workforce development in Kansas
- An accurate picture of the Kansas workforce with extensive demographic information, which will allow workforce development opportunities to be tailored
- Comparisons of specific workforce segments including rural vs. urban; environmental vs. non-environmental; and small, medium and large local health departments
- County-level reports for local health departments and bureau-level reports for the Kansas Department of Health and Environment (KDHE), which will support documentation required for accreditation through the Public Health Accreditation Board, and will allow organizations to target their workforce development efforts
- A unique identification of public health competencies perceived by some as not applicable to their positions
- A tool for continuous quality improvement

The instrument questions are based on the “Council on Linkages Core Competencies for Public Health Professionals” (Council on Linkages, 2015--
http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx) and are categorized into eight domains—Communication, Cultural Competency, Analytical/Assessment, Policy Development/Program Planning, Community Dimensions of Practice, Public Health Sciences, Financial Planning and Management, and Leadership and Systems Thinking. The workforce was categorized into four tiers: Tier 1—staff who carry out day-to-day tasks; Tier 2—supervisory and/or program management level staff; Tier 3—senior management and leaders of a public health organization; and the newly created Tier A—administrative and facilities support staff.

Members of the Kansas Public Health Workforce Development Coordinating Council (KPHWDCC) collaborated on the design of the assessment tool in consultation with other states and local health departments in Kansas that had recently successfully completed a workforce assessment.

A total of 1,648 respondents completed the assessment with an overall participation rate of 67%. Seventy-six percent of KDHE employees and 61% (875 respondents out of a total of 1,429) of local health department employees participated in the assessment. Twenty-seven local health departments had a 100% participation rate. Additionally, 49 health departments had a

participation rate of 75% or above, 69 health departments had a participation rate of 50% or above, and 96% of health departments had at least one participant.

Table 1. Total Respondents by Tier

Tier	Total LHD Respondents	Total KDHE Respondents
Tier 1	346 (39%)	317 (41%)
Tier 2	172 (20%)	229 (30%)
Tier 3	113 (13%)	50 (6%)
Tier A	244 (28%)	177 (23%)
Total	875	773

The ultimate outcome of the Kansas Public Health Workforce Assessment is the recognition of workforce competency gaps and the development of effective responses to support and build the capacity of the workforce.

Methods

Extensive testing was conducted to ensure representation of the entire Kansas public health workforce, including broad geographic and cultural distribution. Promotion of the assessment to all KDHE and local health department staff was critical in gaining a high level of participation. Incentives were offered to encourage participation, which were awarded through a random drawing.

In order to protect confidentiality, analyses were not conducted in cases where there were fewer than six people in a category. In these cases, every effort was made to make the report as specific to the local health department as possible by matching on the basis of demographics and geographic region.

For each competency, participants selected one of the following responses:

- Not at all proficient
- Some limited proficiency
- Proficient
- Very proficient
- This does not apply to my job
- I do not understand this question

The responses were grouped as follows during analyses: 1) “not at all proficient” and “some limited proficiency” answers were combined to determine lowest proficiency for each domain;

and 2) “proficient” and “very proficient” were combined to determine highest proficiency and overall proficiency percentage for each domain. “This does not apply to my job” responses were analyzed as a separate category.

For the purposes of this report, the areas of highest and lowest proficiency for each domain are included in this report. If you would like more details about specific competencies within a domain, raw data may be available, unless there are less than six respondents in a tier. A list of the competencies utilized in the assessment are included with this report as Appendix 1.

Summary of Statewide Total Results

Domains with Lowest Proficiency	
Local Health Departments	KDHE
<ul style="list-style-type: none"> • Public Health Sciences Skills (lowest across tiers) • Financial Planning and Management Skills (Tiers 1 and 2) • Analytical and Assessment Skills (Tiers 2 and 3) • Policy Development/ Program Planning (Tiers 1 and 2) • Cultural Competency (Tier 3 only) 	<ul style="list-style-type: none"> • Public Health Sciences Skills • Financial Planning and Management Skills • Cultural Competency • Leadership and Systems Thinking Skills (Tier 1 only)
Source: Kansas Public Health Workforce Assessment 2014-15	

Domains with High Percentages Who Don't Think It Applies	
Local Health Departments	KDHE
<ul style="list-style-type: none"> • Financial Planning and Management Skills (Tiers 1 and 2) • Policy Development/ Program Planning (Tier 1 only) • Analytical and Assessment Skills (Tiers 1 and 2) • Public Health Sciences Skills (Tiers 2 and 3) 	<ul style="list-style-type: none"> • Cultural Competency • Public Health Sciences Skills • Community Dimensions of Practice Skills • Financial Planning and Management Skills (Tier 1 only)
Source: Kansas Public Health Workforce Assessment 2014-15	

Domains with Highest Proficiency	
Local Health Departments	KDHE
<ul style="list-style-type: none"> • Communication Skills (highest across tiers) • Cultural Competency (Tier 1 only) • Community Dimensions of Practice Skills (Tiers 1 and 2) • Leadership and Systems Thinking Skills (Tiers 2 and 3) • Financial Planning and Management Skills (Tier 3 only) 	<ul style="list-style-type: none"> • Communication Skills • Analytical and Assessment Skills • Leadership and Systems Thinking Skills (Tiers 2 and 3)
Source: Kansas Public Health Workforce Assessment 2014-15	

Major findings:

- The domain with the lowest proficiency rating across all tiers for both local health departments and KDHE was Public Health Science Skills (with the exception of KDHE Tier 3).
- KDHE had significant percentages of people reporting that competencies in several domains did not apply to their jobs (significantly higher in comparison with local health departments):
 - Cultural competence—43% for Tier 1; 33% for Tier 2; 20% for Tier 3
 - Public Health Sciences—50% for Tier 1; 42% for Tier 2; 22% for Tier 3
 - Community Dimensions of Practice—49% for Tier 1; 34% for Tier 2; 22% for Tier 3.
- Significant percentages of local health department and KDHE staff reported that the competencies in the “Financial Planning and Management Skills” domain do not apply to their jobs (64% of local health departments -Tier 1; 51% of KDHE - Tier 1).
- There is a significant percentage of the workforce close to retirement age with a limited number of new, young staff entering the workforce (see Figure 1 below).
- With the exception of some specific communities, the race and ethnicity demographics of the workforce are not similar in percentage to those of the state, especially for KDHE (see Figure 2 p. 5).
- Respondents indicated interest in a public health certificate program (no specifics were defined). For local health departments, 38% reported definite interest and 31% were unsure.
- The Northwest region of counties was the area of the state with lower self-reported proficiency scores than most other regions across all domains, especially for Tier 1.
- For respondents in Tier A, the question with the lowest percentage of responses in the agree/strongly agree group was “Employees are continually developed through training, education, and opportunities for promotion;” KDHE—51.52%, local health departments—66.67% (lowest overall for both). Additionally, KDHE and local health

departments had a low percentage of agree/strongly agree for “Training is implemented as part of an overall system of employee development;” KDHE—66.67%, local health departments—68.14%.

Comparisons with Previous Assessments

Assessments of the Kansas public health workforce were previously conducted in 2003 (for KDHE staff) and 2005 (for local health department staff). It is difficult to directly compare the results from the previous assessments with the current one due to significant revisions to the Council on Linkages Core Competencies. The earlier tools also had a bioterrorism preparedness component, which was not included in 2014. Additionally, a new response option was included (“this competency does not apply to my job”) and a new tool was used which had a completely different set of competencies/questions for staff not directly working in public health (e.g. clerical--Tier A).

Results from the 2003 and 2005 assessments showed that the top workforce development need was training in bioterrorism preparedness, an area not assessed as part of the current project. However, the previous assessments did demonstrate a need for training in basic public health sciences skills, a finding very similar to those from the current project. One major difference found was that Financial Planning and Management Skills was the domain with the lowest need in 2003 and 2005. The 2014 assessment identified a high percentage of public health professionals do not perceive competencies in this domain apply to their job, which indicates a high need. Another interesting comparison is related to the fast-paced technology world. In 2003 and 2005, the preferred mode of training was CD-ROM, technology that is now rarely used. In 2014, the preference is web-based trainings.

Recommendations

One major recommendation is to develop training that is targeted to address the areas of lowest proficiency and applicability, a strategy that is already underway. A video, “Health in 3D”, is being developed that will address cultural competence and diversity awareness. “Fundamentals in Kansas Public Health” is an online training that will be available soon and focuses on the 10 Essential Services, a deficiency in the Public Health Sciences domain.

Another approach will be to retool existing training such as the “Evidence-Based Public Health Course” to include content that specifically addresses competency gaps. In order to assist staff in better understanding the core competencies, it is important that individuals at KDHE and local health departments become familiar with the language used in the Council on Linkages Core Competencies through targeted communication efforts. Another communication-related strategy would be to provide relevant examples to staff about how the competencies apply to their work.

In order to attract a younger, more diverse workforce, it will be important to explore recruitment strategies, including use of social media, to increase awareness about the field of

public health and to create interest among high school and college students. There may be opportunities emerging for additional education in public health to be offered at the bachelor's and associate's degree levels, which could result in a new population of public health workforce candidates.

It is important that opportunities are created for the Kansas public health system based on the assessment results and that these results are used to establish a direction for workforce development in the system. Training programs and resources can be offered, but in order to be effective, the workforce must see training tools as valuable. It is important for those working in public health to be encouraged to participate. Local health departments and KDHE should be supported in the creation of organizational workforce development plans that ensure the identified needs and gaps are addressed. Additionally, the workforce assessment should be conducted at least every three years in order to gauge progress on workforce development efforts and identify new needs and gaps.

Acknowledgements

Funding support for the Kansas Public Health Workforce Assessment was provided by the Kansas Health Foundation through the Public Health Practice Program. This report was prepared by the Kansas Public Health Workforce Development Coordinating Council which includes the following member organizations: Kansas Department of Health and Environment, Kansas Health Institute, University of Kansas Master of Public Health Program (KU-MPH), Kansas State University (KSU) Master of Public Health Program, Kansas Health Foundation, Lawrence-Douglas County Health Department, University of Kansas School of Nursing, Johnson County Department of Health and Environment, Kansas Association of Local Health Departments, Butler County Health Department, Kansas Environmental Health Association, Reno County Health Department, KUMC--Area Health Education Centers, Wichita State University--Center for Community Support and Research, Wichita State University (WSU) Department of Public Health Sciences, Baker University School of Nursing, and SOCO Consulting.

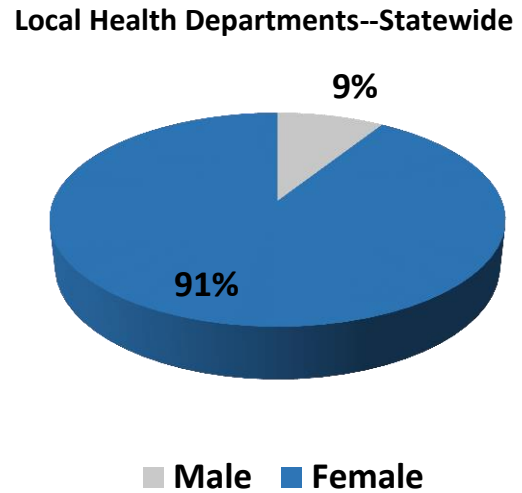
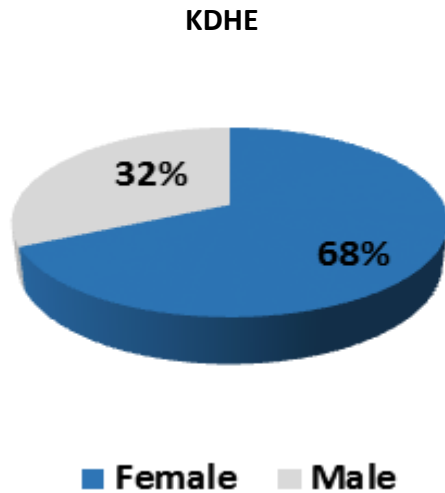
Contact Information

For more information about the Kansas Public Health Workforce Assessment, visit http://www.kdheks.gov/olrh/workforce_development.htm. If you have questions, contact Cristi Cain, Public Health Specialist, Kansas Department of Health and Environment, at 785-296-3641 or ccain@kdheks.gov.

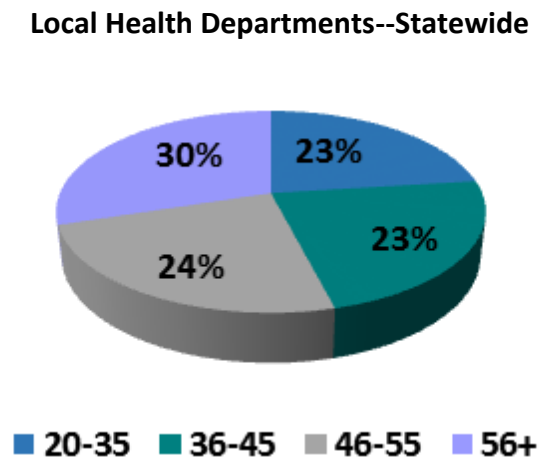
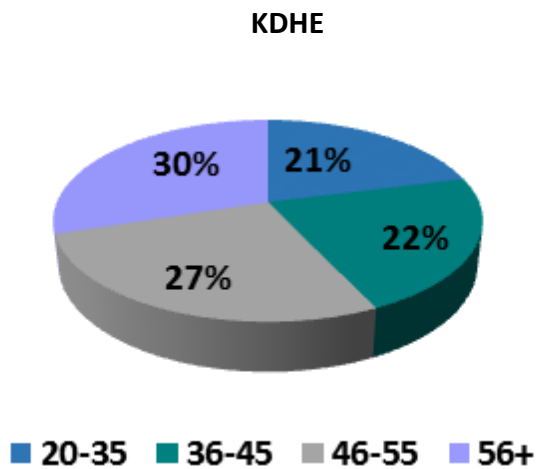
Demographics

The demographic breakdown for the Kansas public health workforce is as follows:

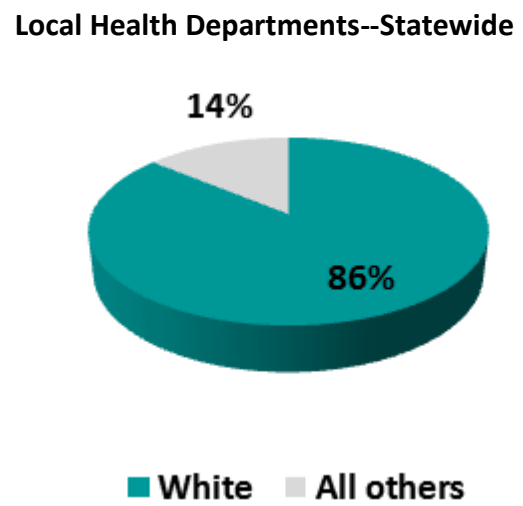
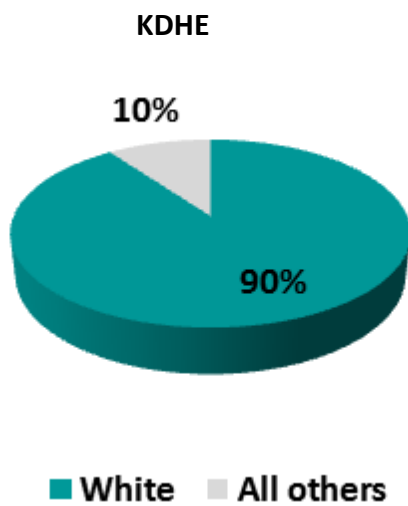
Gender



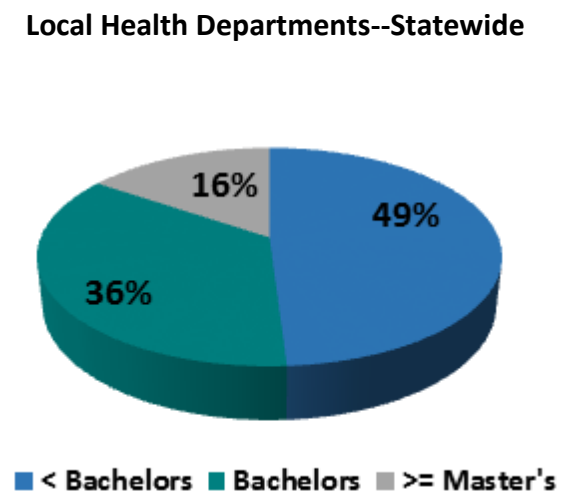
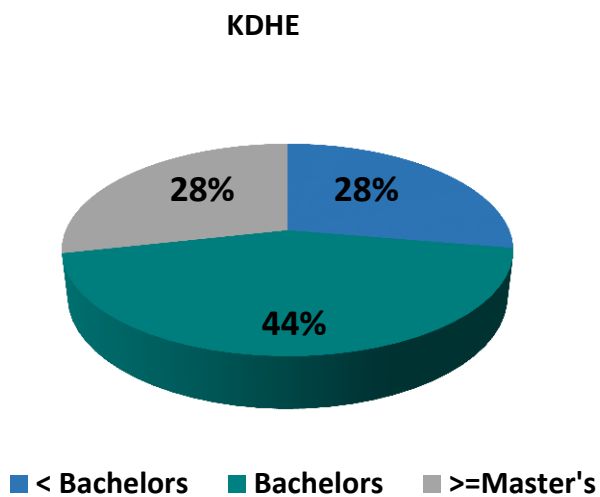
Age



Race

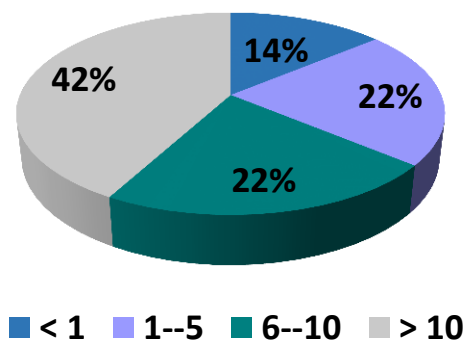


Level of Education

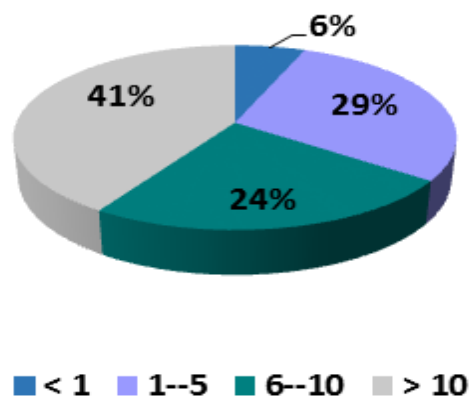


Years in Public Health

KDHE

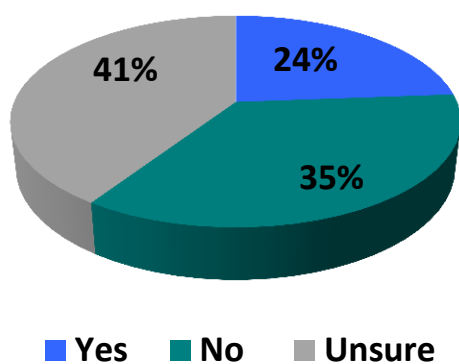


Local Health Departments--Statewide

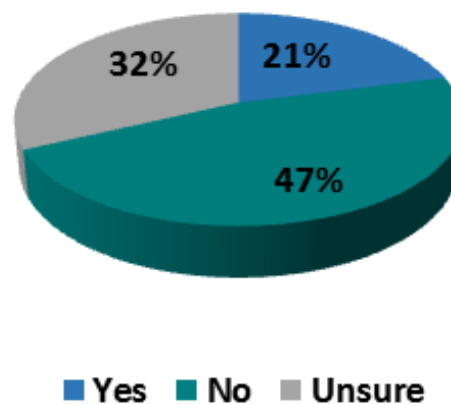


Plans to Leave Position Within 5 Years

KDHE

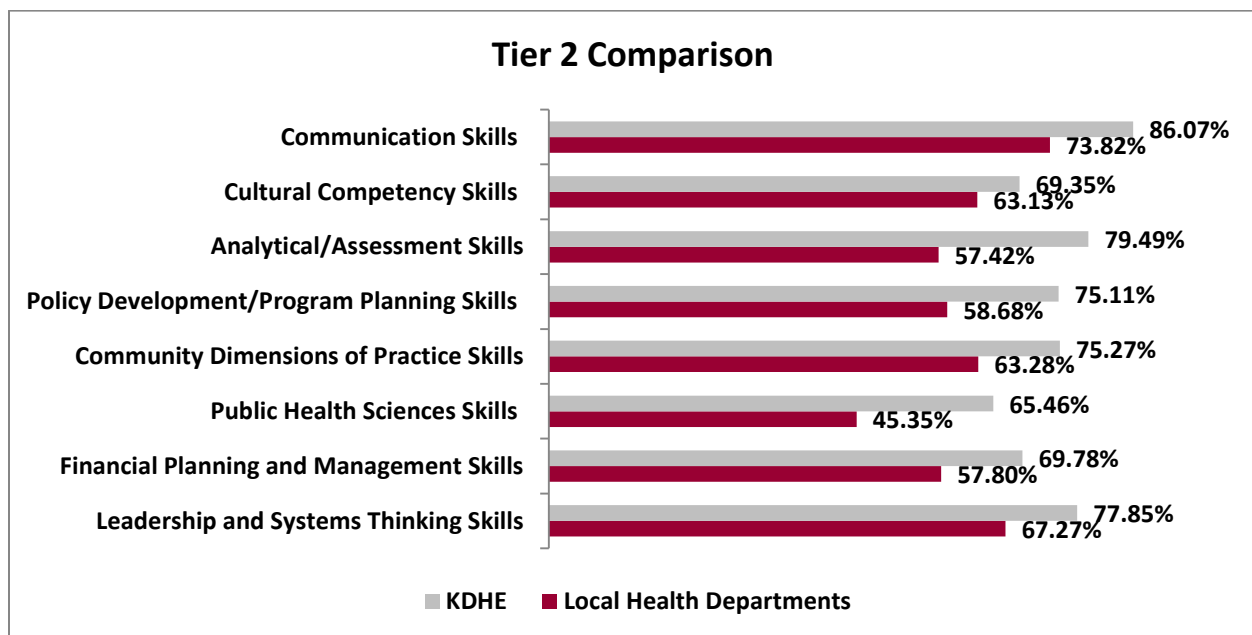
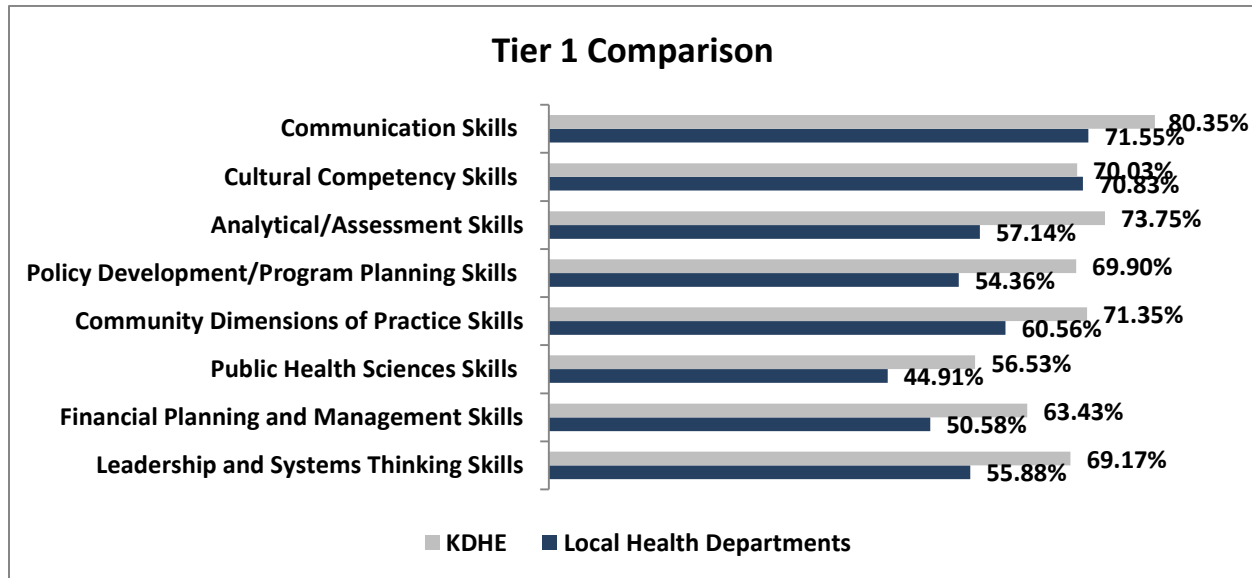


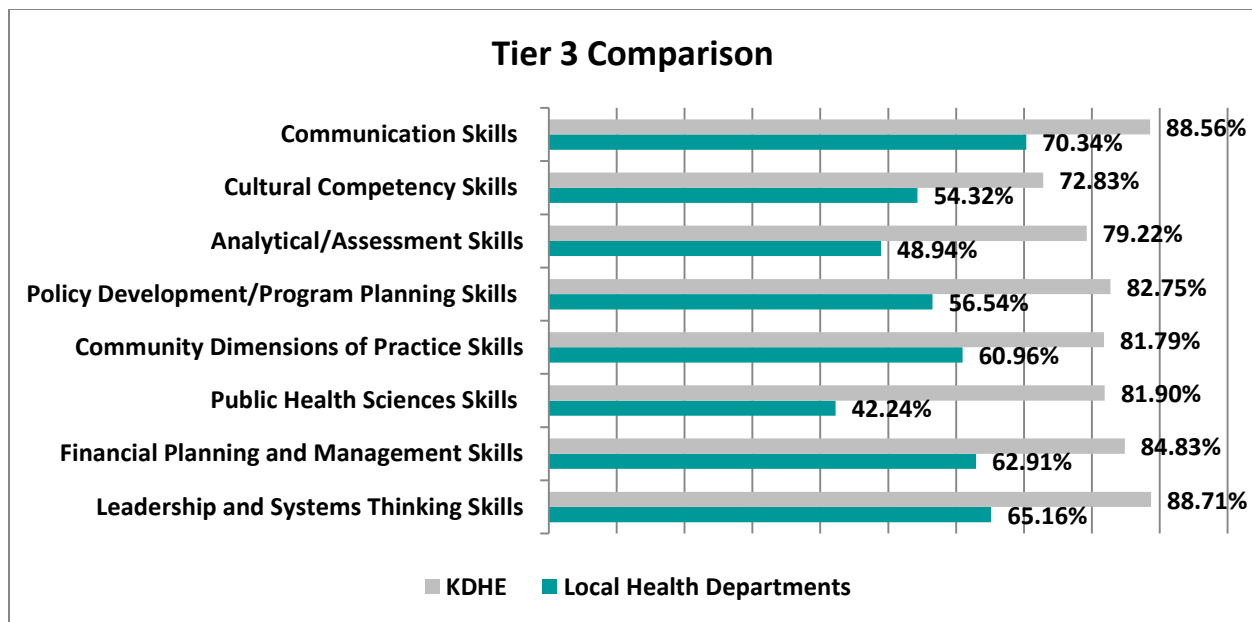
Local Health Departments--Statewide



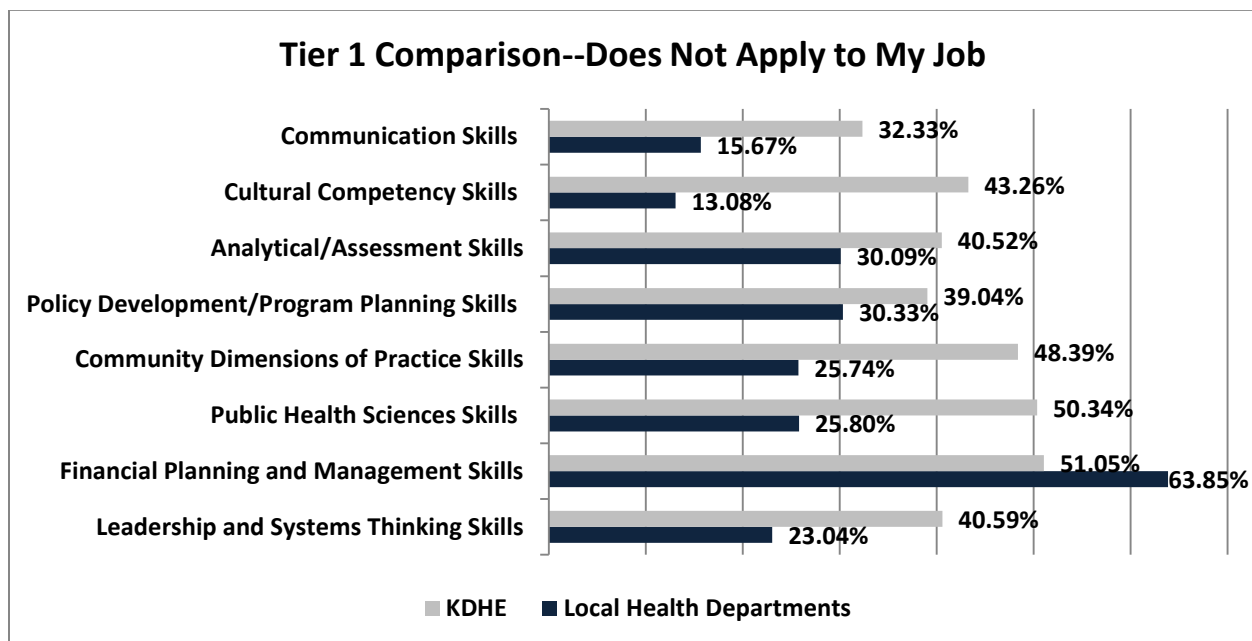
Results from the Kansas Public Health Workforce Assessment

Total Proficiency Percentages—KDHE and Local Health Departments

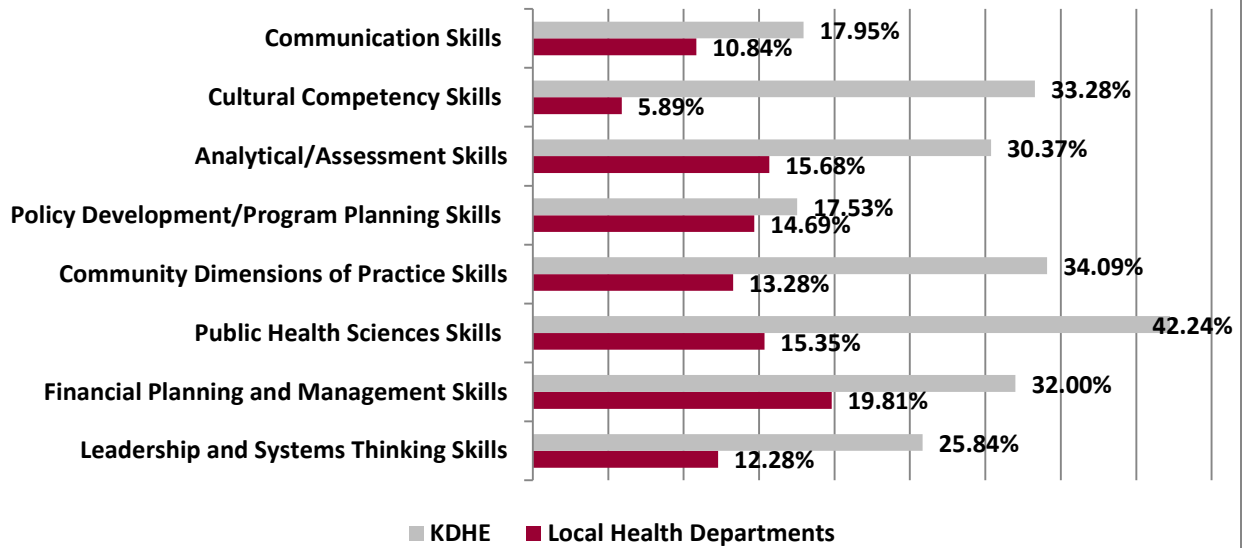




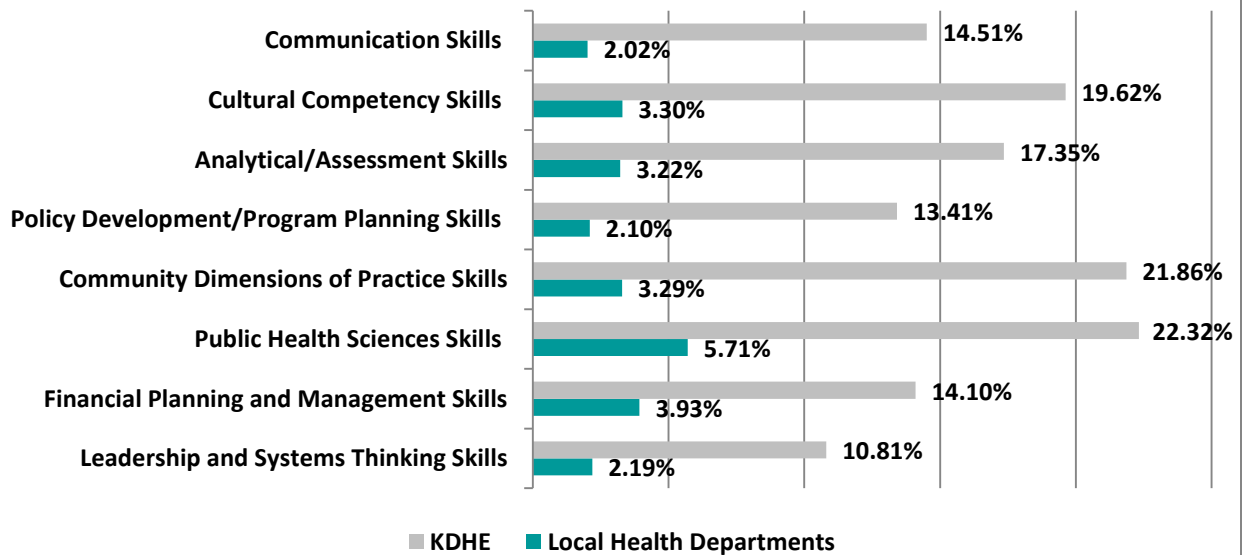
Total Applicability Percentages—KDHE and Local Health Departments



Tier 2 Comparison--Does Not Apply to My Job



Tier 3 Comparison--Does Not Apply to My Job



Results by Domain—Tier 1--Local Health Departments

Tier 1— Communication Skills—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Participate in the development of demographic, statistical, programmatic and scientific presentations	60.22%
Competency with highest level of proficiency	Convey public health/environmental information using a variety of approaches	78.74%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Participate in the development of demographic, statistical, programmatic and scientific presentations	32.96%

Tier 1— Cultural Competency—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Participate in the assessment of the cultural competence of the public health organization	59.69%
Competency with highest level of proficiency	Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	78.97%
		Percentage of total respondents

Competency with highest percentage of participants reporting that it does not apply to their job	Participate in the assessment of the cultural competence of the public health organization	28.20%
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Tier 1— Analytical/Assessment—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the public health applications of quantitative and qualitative data	42.86%
Competency with highest level of proficiency	Adhere to ethical principles in the collection, maintenance, use, and dissemination of data and information	73.08%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Describe the public health applications of quantitative and qualitative data	36.12%

Tier 1— Policy Development/Program Planning—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the public health/environmental laws and regulations governing public health programs	45.36%
Competency with highest level of proficiency	Gather information relevant to specific public health/environmental policy issues	62.50%
		Percentage of

		total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Explain the expected outcomes of policy options	34.46%

Tier 1— Community Dimensions of Practice—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the role of governmental and non-governmental organizations in the delivery of community health services	52.69%
Competency with highest level of proficiency	Collaborate with community partners to promote the health of the population	69.41%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Gather input from the community to inform the development of public health policy and programs	32.84%

Tier 1— Public Health Sciences—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the laws, regulations, policies and procedures for the ethical conduct of research	36.22%
Competency with highest level of proficiency	Retrieve scientific evidence from a variety of text and electronic sources	57.92%
		Percentage of total respondents

Competency with highest percentage of participants reporting that it does not apply to their job	Partner with other public health professionals in building the scientific base of public health	30.42%
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Tier 1— Financial Planning and Management—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies	31.16%
Competency with highest level of proficiency	Adhere to the organization's policies and procedures	82.83%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Participate in the development of a programmatic budget	53.93%

Tier 1— Leadership and Systems Thinking—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	41.05%
Competency with highest level of proficiency	Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	74.89%

		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Participate with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	36.98%

Results by Domain—Tier 2--Local Health Departments

Tier 2— Communication Skills—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Assess the health literacy of the population served	60.17%
Competency with highest level of proficiency	Solicit input from individuals and organizations	89.04%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess the health literacy of the population served	20.27%

Tier 2— Cultural Competency—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Assess public health programs for their cultural competence	54.89%
Competency with highest level of proficiency	Consider the role of cultural, social, and behavioral factors in the delivery	74.13%

	of public health services	
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess public health programs for their cultural competence	10.74%

Tier 2— Analytical/Assessment—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Examine the integrity and comparability of data	47.69%
Competency with highest level of proficiency	Reference sources of public health data and information	72.39%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess the health status of populations and their related causes of health and illness	18.67%

Tier 2— Policy Development/Program Planning—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Incorporate public health informatics practices	43.80%
Competency with highest level of proficiency	Develop plans to implement policies and programs	71.22%
		Percentage of total respondents
Competency with highest	Incorporate public health informatics	16.55%

percentage of participants reporting that it does not apply to their job	practices	
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Tier 2— Community Dimensions of Practice—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Negotiate for the use of community assets and resources	55.12%
Competency with highest level of proficiency	Promote public health policies, programs and resources	74.10%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Collaborate in community-based participatory research efforts	17.45%

Tier 2— Public Health Sciences—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Contribute to building the scientific base of public health	36.97%
Competency with highest level of proficiency	Retrieve scientific evidence from a variety of text and electronic sources	55.73%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Contribute to building the scientific base of public health	17.36%

Tier 2— Financial Planning and Management—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Implement the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	40.00%
Competency with highest level of proficiency	Use evaluation results to improve performance	74.63%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Negotiate contracts and other agreements for the provision of services	26.53%

Tier 2— Leadership and Systems Thinking—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Analyze internal and external problems that may affect the delivery of Essential Public Health Services	57.36%
Competency with highest level of proficiency	Promote individual, team and organizational learning opportunities	78.83%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Modify organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	16.22%

Results by Domain—Tier 3--Local Health Departments

Tier 3— Communication Skills—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Interpret demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	61.29%
Competency with highest level of proficiency	Communicate the role of public health within the overall health system	79.57%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Ensure that the health literacy of populations served is considered throughout all communication strategies	5.43%

Tier 3— Cultural Competency—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Ensure the public health organization's cultural competence	47.78%
Competency with highest level of proficiency	Assess the need for a diverse public health workforce	61.80%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess the dynamic forces that contribute to cultural diversity	5.32%

Tier 3— Analytical/Assessment—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Resolve gaps in data sources	30.77%
Competency with highest level of proficiency	Identify the resources to meet community health needs Describe the characteristics of a population-based health problem	61.11%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Review the health status of populations and their related causes of health and illness	5.32%

Tier 3— Policy Development/Program Planning—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Oversee public health informatics practices and procedures	43.33%
Competency with highest level of proficiency	Implement plans and programs consistent with policies	70.97%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Oversee public health informatics practices and procedures	5.26%

Tier 3— Community Dimensions of Practice—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Encourage community-based participatory research efforts within the public health organization	45.45%
Competency with highest level of proficiency	Maintain partnerships with key stakeholders	78.26%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Encourage community-based participatory research efforts within the public health organization	6.38%

Tier 3— Public Health Sciences—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Advise on the laws, regulations, policies and procedures for the ethical conduct of research	27.06%
Competency with highest level of proficiency	Apply the basic public health sciences (e.g. epidemiology, environmental etc.) to public health policies and programs	64.84%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Advise on the laws, regulations, policies and procedures for the ethical conduct of research	8.60%

Tier 3— Financial Planning and Management—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Manage the implementation of the judicial and operational procedures of the administrative unit that oversees the operations of the public health organization	42.17%
Competency with highest level of proficiency	Determine budgetary priorities for the organization	78.89%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Approve proposals for funding from external sources	10.75%

Tier 3— Leadership and Systems Thinking—Local Health Departments

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Ensure organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment	50.55%
Competency with highest level of proficiency	Advocate for individual, team and organizational learning opportunities within the organization	76.34%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Partner with stakeholders to determine key values and a shared vision as guiding principles for community action	4.26%

Results by Domain—Tier A--Local Health Departments

Tier A— Professional Skills—Local Health Departments		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Respond to diverse needs that are the result of cultural differences	70.37%
Competency with highest level of proficiency	Incorporate ethical standards of practice (such as with honesty, fairness, equality) as the basis of all interactions with organizations, communities, and individuals	97.29%
Overall Proficiency Percentage for Professional Skills Domain		85.21%
Overall Percentage—Does Not Apply to My Job—Professional Skills Domain		15.72%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Maintain partnerships with key stakeholders	35.75%

Tier A— Training/Education—Local Health Departments	
	Percentage Agree/Strongly Agree
At work, I have opportunities to learn and grow.	77.49%
Employees are continually developed through training, education, and opportunities for promotion.	66.67%
I have the skills I need to do my job.	93.91%
Training is implemented as part of an overall system of	68.14%

employee development.	
I am comfortable with technology-based training.	89.13%

Results by Domain—Tier 1--KDHE

Tier 1— Communication Skills—KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Identify the health literacy of the population served	60.33%
Competency with highest level of proficiency	Convey public health/environmental information using a variety of approaches	92.00%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Identify the health literacy of the population served	52.17%

Tier 1—Cultural Competency —KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Participate in the assessment of the cultural competence of the public health organization	55.34%
Competency with highest level of proficiency	Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	80.12%
		Percentage of total

		respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Participate in the assessment of the cultural competence of the public health organization	59.45%

Tier 1— Analytical/Assessment --KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Use variables that measure public health conditions	57.89%
Competency with highest level of proficiency	Adhere to ethical principles in the collection, maintenance, use, and dissemination of data and information	87.25%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Identify the health status of populations and their related determinants of health and illness	64.71%

Tier 1— Policy Development/Program Planning –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Demonstrate the use of public health informatics practices and procedures	53.98%
Competency with highest level of proficiency	Gather information relevant to specific public health/environmental policy issues	81.44%

		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Demonstrate the use of public health informatics practices and procedures	54.07%

Tier 1— Community Dimensions of Practice –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Gather input from the community to inform the development of public health policy and programs	60.00%
Competency with highest level of proficiency	Maintain partnerships with key stakeholders	84.28%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Demonstrate the capacity to work in community-based participatory research efforts	62.30%

Tier 1— Public Health Sciences –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Identify prominent events in the history of the public health profession	39.64%
Competency with highest level of proficiency	Retrieve scientific evidence from a variety of text and electronic sources	74.40%
		Percentage of total

		respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Relate public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	59.36%

Tier 1— Financial Planning and Management –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies	42.97%
Competency with highest level of proficiency	Adhere to the organization's policies and procedures	96.82%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Contribute to the preparation of proposals for funding from external sources	65.88%

Tier 1— Leadership and Systems Thinking –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Identify internal and external problems that may affect the delivery of Essential Public Health Services	50.00%
Competency with highest level of proficiency	Incorporate ethical standards of practice as the basis of all	88.61%

	interactions with organizations, communities, and individuals	
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Participate with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	59.27%

Results by Domain—Tier 2--KDHE

Tier 2— Communication Skills—KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Assess the health literacy of the population served	65.12%
Competency with highest level of proficiency	Solicit community-based input from individuals and organizations	92.43%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess the health literacy of the population served	55.90%

Tier 2— Cultural Competency –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest	Assess public health programs for	47.83%

level of proficiency	their cultural competence	
Competency with highest level of proficiency	Consider the role of cultural, social, and behavioral factors in the delivery of public health services	79.07%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess public health programs for their cultural competence	52.58%

Tier 2— Analytical/Assessment –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Assess the health status of populations and their related causes of health and illness	65.91%
Competency with highest level of proficiency	Employ ethical principles in the collection, maintenance, use, and dissemination of data and information	88.61%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess the health status of populations and their related causes of health and illness	55.78%

Tier 2— Policy Development/Program Planning –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest	Incorporate public health	49.52%

level of proficiency	informatics practices	
Competency with highest level of proficiency	Manage public health/environmental programs consistent with public health laws and regulations	88.24%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Incorporate public health informatics practices	44.15%

Tier 2— Community Dimensions of Practice –KDHE

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Collaborate in community-based participatory research efforts	55.66%
Competency with highest level of proficiency	Maintain partnerships with key stakeholders	88.62%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess community linkages and relationships among multiple factors (or causes) affecting health	49.47%

Tier 2— Public Health Sciences –KDHE

		Percentage of respondents who reported any level of proficiency
Competency with lowest	Distinguish prominent events in	48.51%

level of proficiency	the history of the public health profession	
Competency with highest level of proficiency	Retrieve scientific evidence from a variety of text and electronic sources	80.71%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Apply the Ten Essential Services of Public Health in my day to day work	50.54%

Tier 2— Financial Planning and Management –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Use cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	58.33%
Competency with highest level of proficiency	Apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	85.47%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Implement the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	51.60%

Tier 2— Leadership and Systems Thinking –KDHE

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Establish mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	70.08%
Competency with highest level of proficiency	Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	91.21%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Analyze internal and external problems that may affect the delivery of Essential Public Health Services	43.75%

Results by Domain—Tier 3--KDHE

Tier 3— Communication Skills—KDHE

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Communicate in writing and orally, in person, and through electronic means, with cultural proficiency	82.93%
Competency with highest level of proficiency	Interpret demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	92.68%
		Percentage of total

		respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Ensure that the health literacy of populations served is considered throughout all communication strategies	26.19%

Tier 3— Cultural Competency –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Assess the public health organization for its cultural competence	65.62%
Competency with highest level of proficiency	Ensure the consideration of the role of cultural, social, and behavioral factors in the delivery of public health services	81.58%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Assess the public health organization for its cultural competence	28.89%

Tier 3— Analytical/Assessment –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Expand access to public health data and information	69.23%
Competency with highest level of proficiency	Use information technology to collect, store, and retrieve data	92.86%
		Percentage of total respondents

Competency with highest percentage of participants reporting that it does not apply to their job	Review the health status of populations and their related causes of health and illness	34.78%
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Tier 3— Policy Development/Program Planning –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Oversee public health informatics practices and procedures	62.50%
Competency with highest level of proficiency	Implement plans and programs consistent with policies	92.86%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Oversee public health informatics practices and procedures	23.81%

Tier 3— Community Dimensions of Practice –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Encourage community-based participatory research efforts within the public health organization	67.74%
Competency with highest level of proficiency	Ensure the collaboration and partnerships of key stakeholders through the development of formal and informal agreements	92.31%
	Maintain partnerships with key	

	stakeholders	
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Integrate the role of governmental and non-governmental organizations in the delivery of community health services	31.82%

Tier 3— Public Health Sciences –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Incorporate the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences	73.33%
Competency with highest level of proficiency	Explain lessons to be learned from prominent past events in comparison to the current events of the public health profession	88.57%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Incorporate the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences	31.82%

Tier 3— Financial Planning and Management –KDHE

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Manage the implementation of the judicial and operational procedures of the administrative unit that oversees the operations of the public health organization	71.87%
Competency with highest level of proficiency	Apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	93.02%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Approve proposals for funding from external sources	24.44%

Tier 3— Leadership and Systems Thinking –KDHE

		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Ensure organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment	82.50%
Competency with highest level of proficiency	Advocate for individual, team and organizational learning opportunities within the organization	95.35%
		Percentage of total respondents

Competency with highest percentage of participants reporting that it does not apply to their job	Resolve internal and external problems that may affect the delivery of Essential Public Health Services	20.00%
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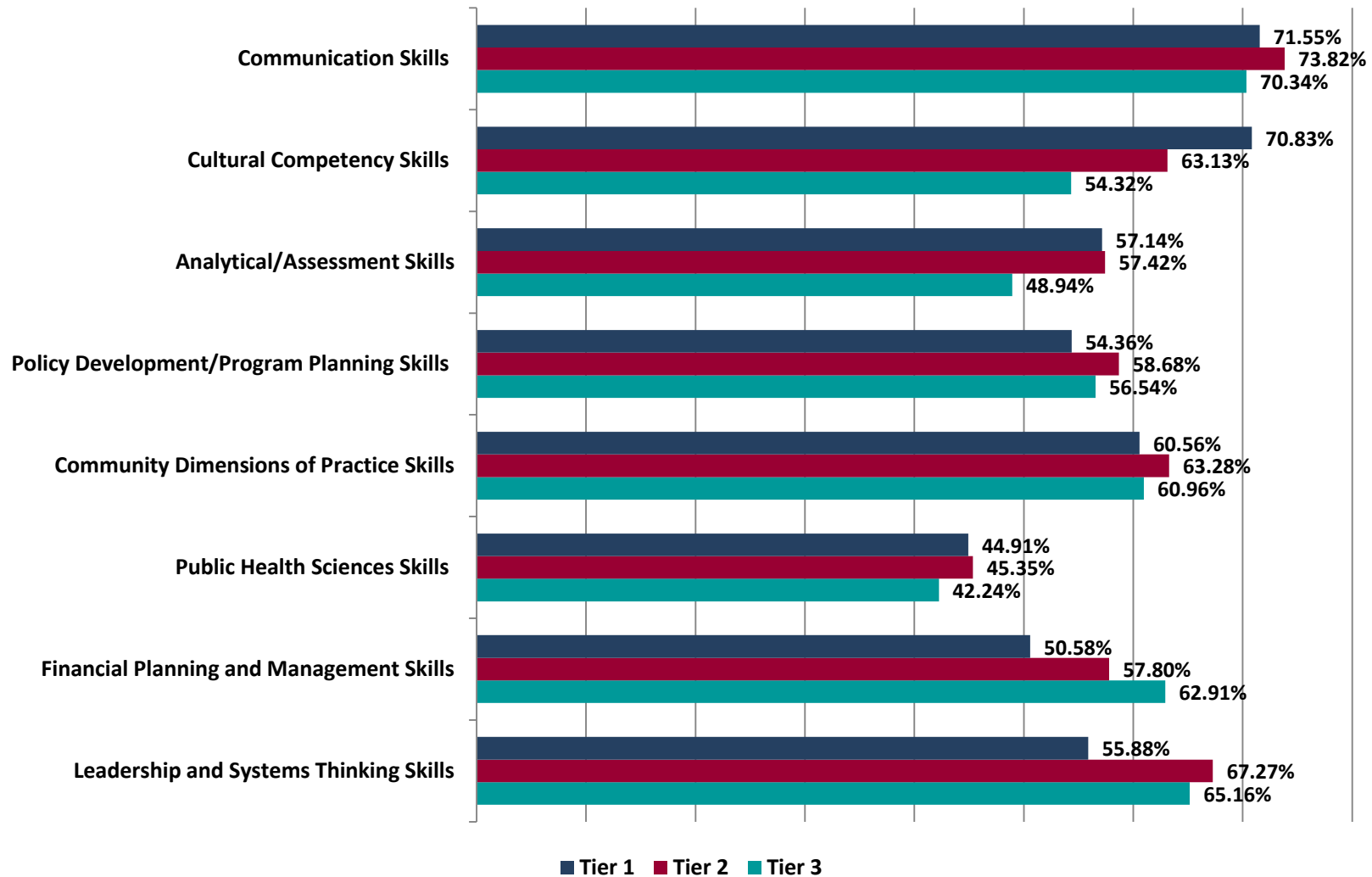
Results by Domain—Tier A--KDHE

Tier A— Professional Skills –KDHE		
		Percentage of respondents who reported any level of proficiency
Competency with lowest level of proficiency	Participate in mentoring and peer review or coaching opportunities	81.13%
Competency with highest level of proficiency	Apply basic human relations skills (sensitivity, fairness, empathy, understanding, tact) to internal collaborations, motivation of colleagues, and resolution of conflicts	96.86%
Overall Proficiency Percentage for Professional Skills Domain		89.33%
Overall Percentage—Does Not Apply to My Job—Professional Skills Domain		24.63%
		Percentage of total respondents
Competency with highest percentage of participants reporting that it does not apply to their job	Maintain partnerships with key stakeholders	52.12%

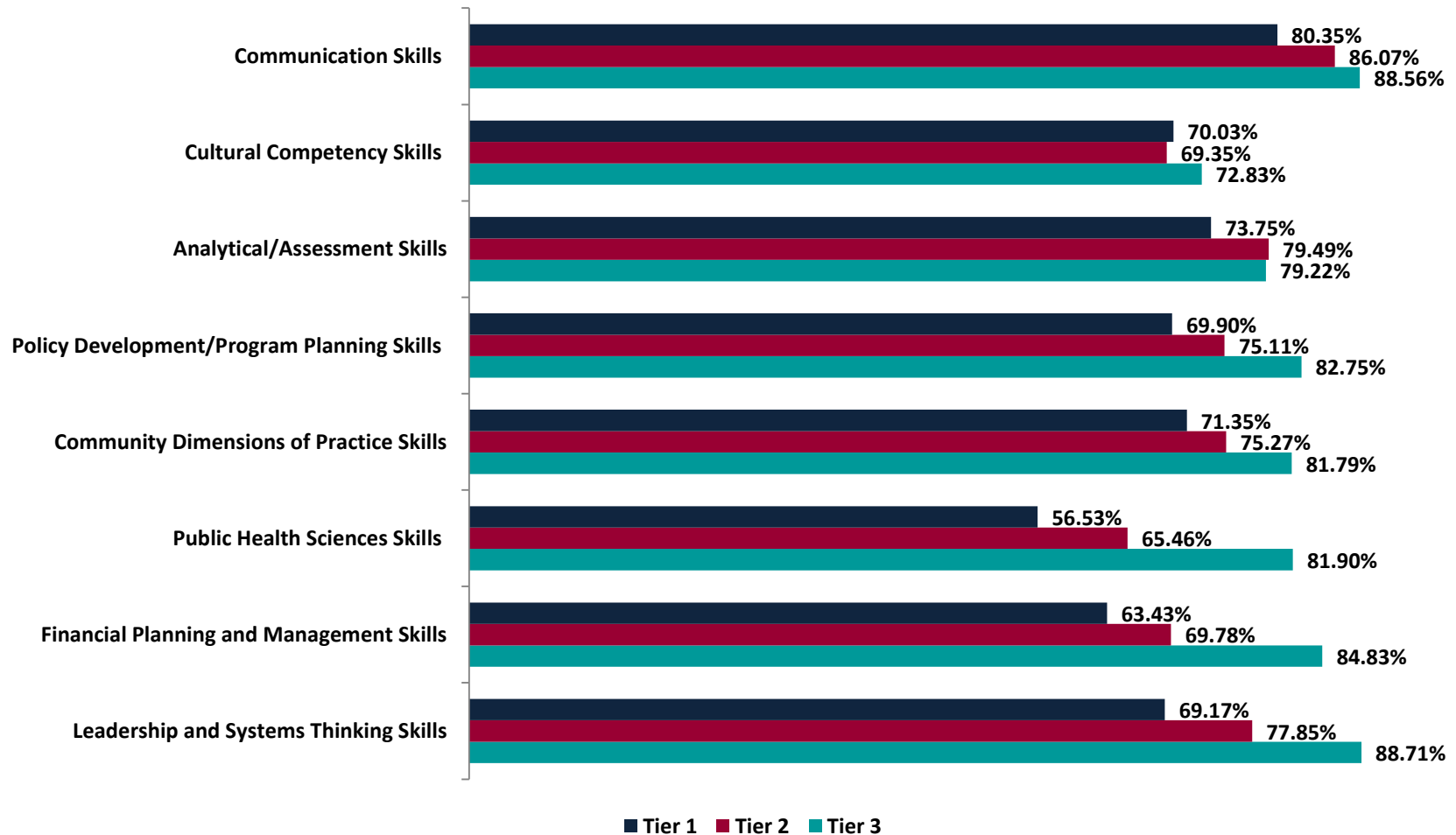
Tier A— Training/Education –KDHE

	Percentage Agree/Strongly Agree
At work, I have opportunities to learn and grow.	74.29%
Employees are continually developed through training, education, and opportunities for promotion.	51.52%
I have the skills I need to do my job.	96.84%
Training is implemented as part of an overall system of employee development.	66.67%
I am comfortable with technology-based training.	96.05%

Kansas Local Health Department Tier Comparison--Proficiency

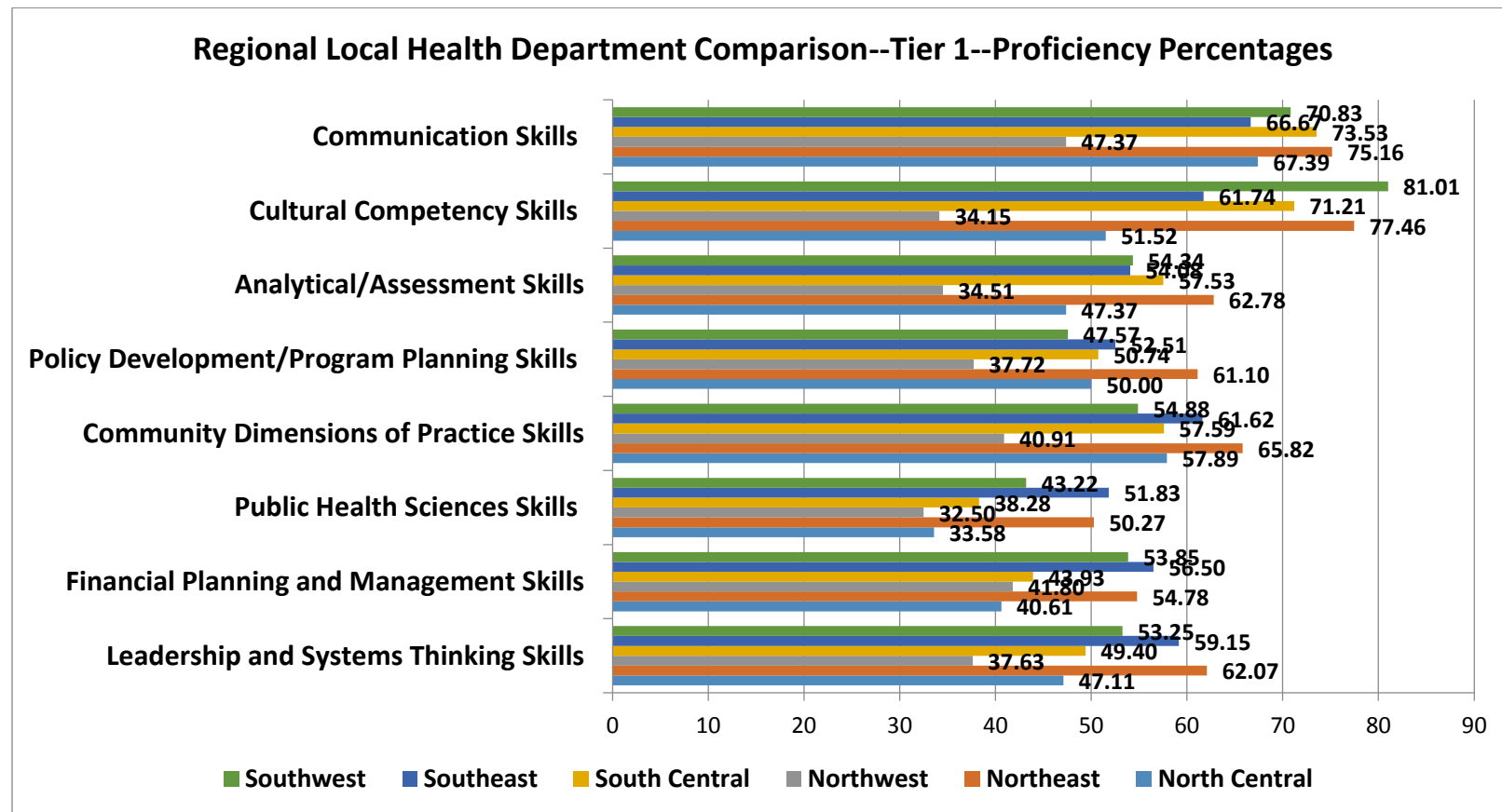


KDHE Tier Comparison--Proficiency

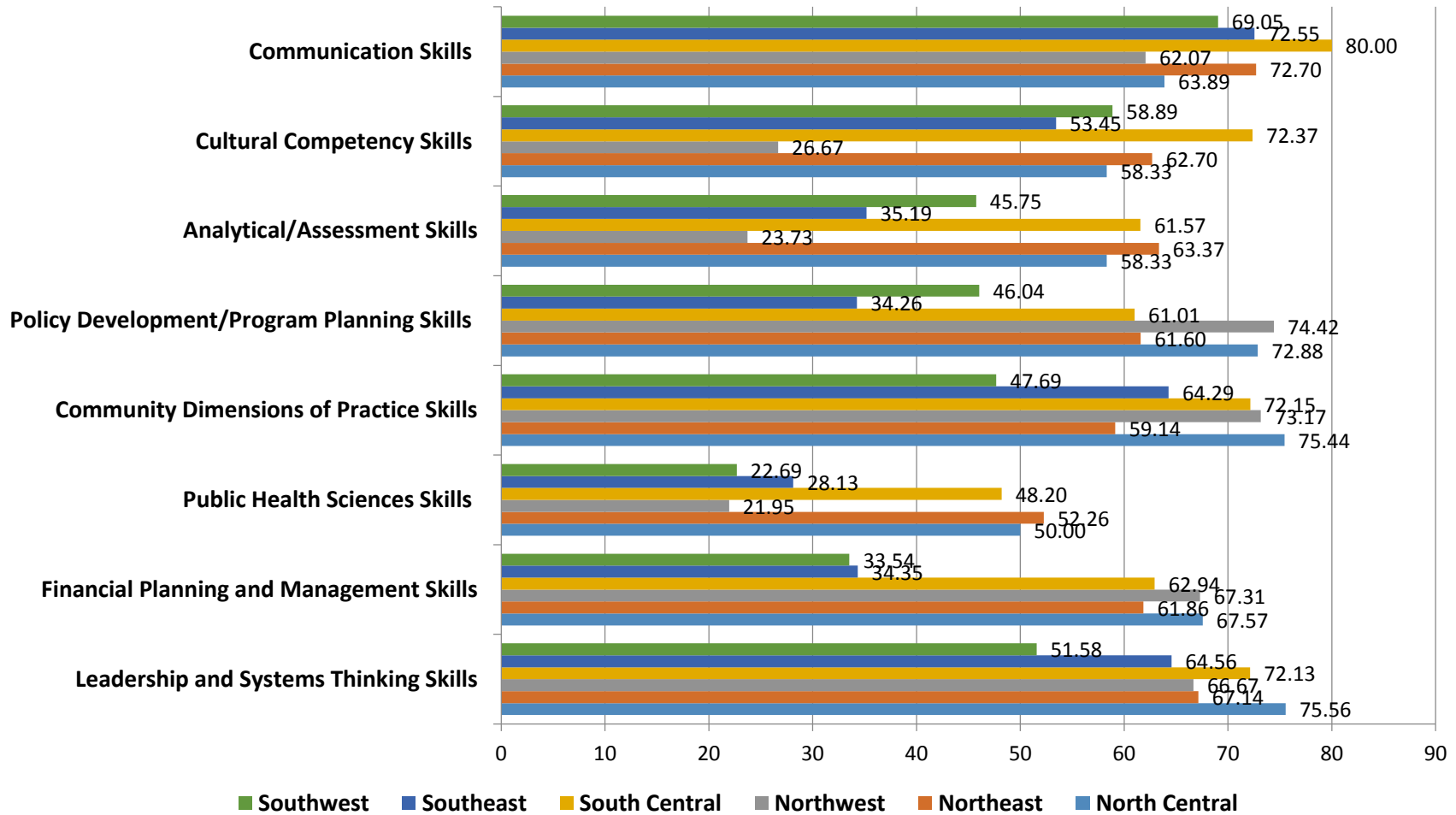


Region	Tier 1	Tier 2	Tier 3	Tier A
North Central	18	6	11	13
Northeast	131	69	31	105
Northwest	14	5	9	12
South Central	61	45	24	70
Southeast	23	10	7	16
Southwest	29	16	14	20

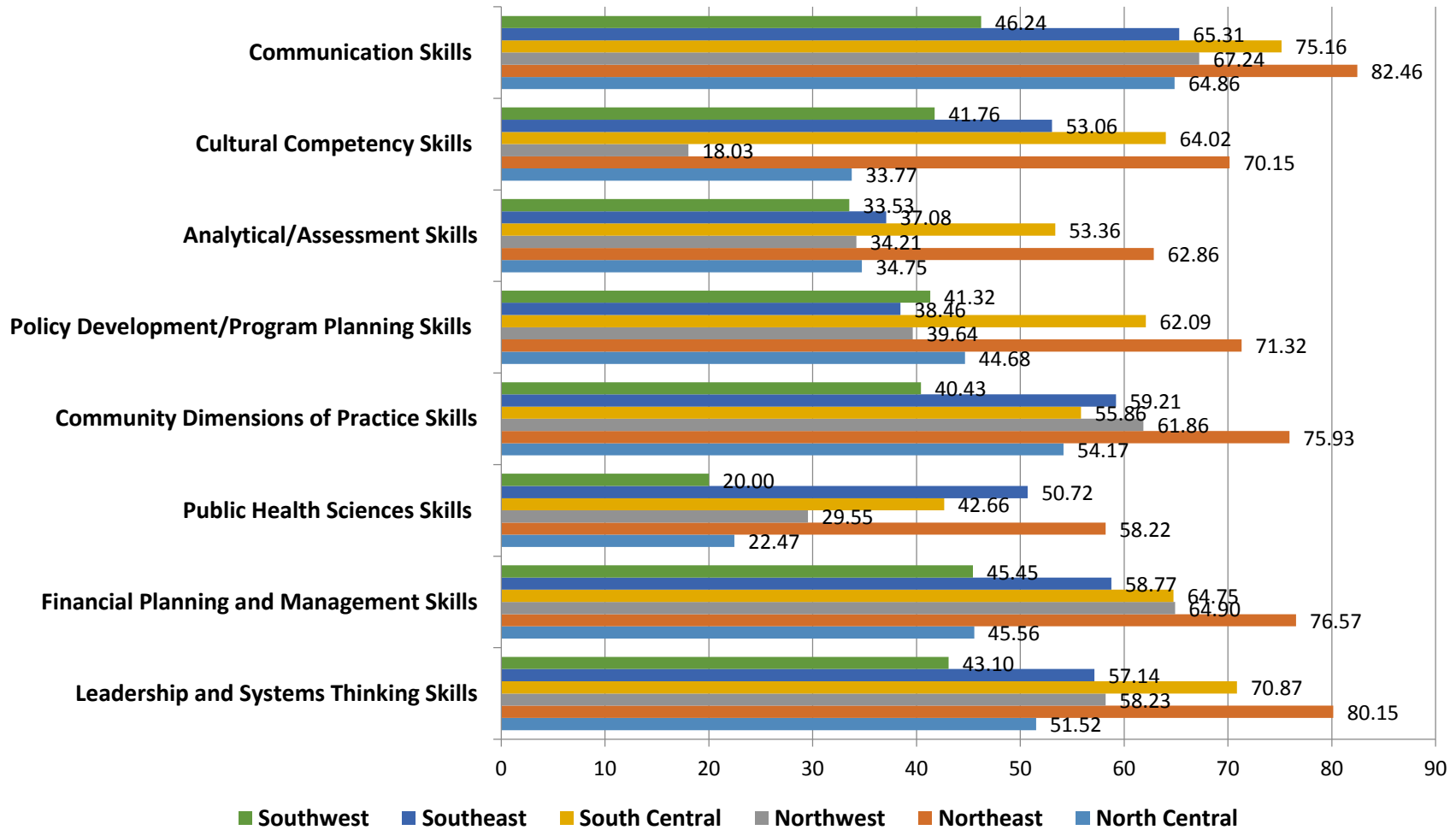
(See regional map on p. 34 for counties included in each region.)



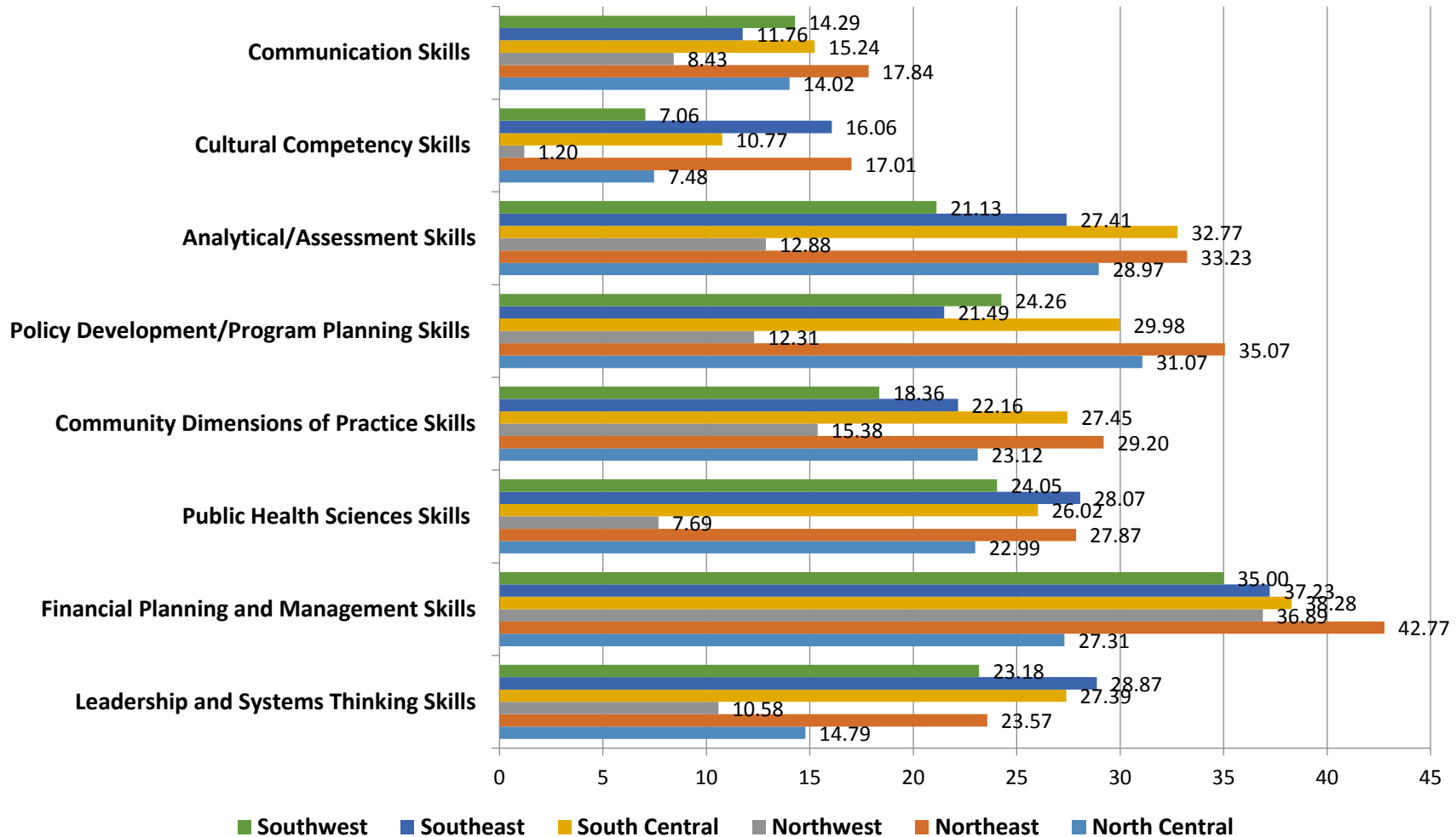
Regional Local Health Department Comparison--Tier 2--Proficiency Percentages



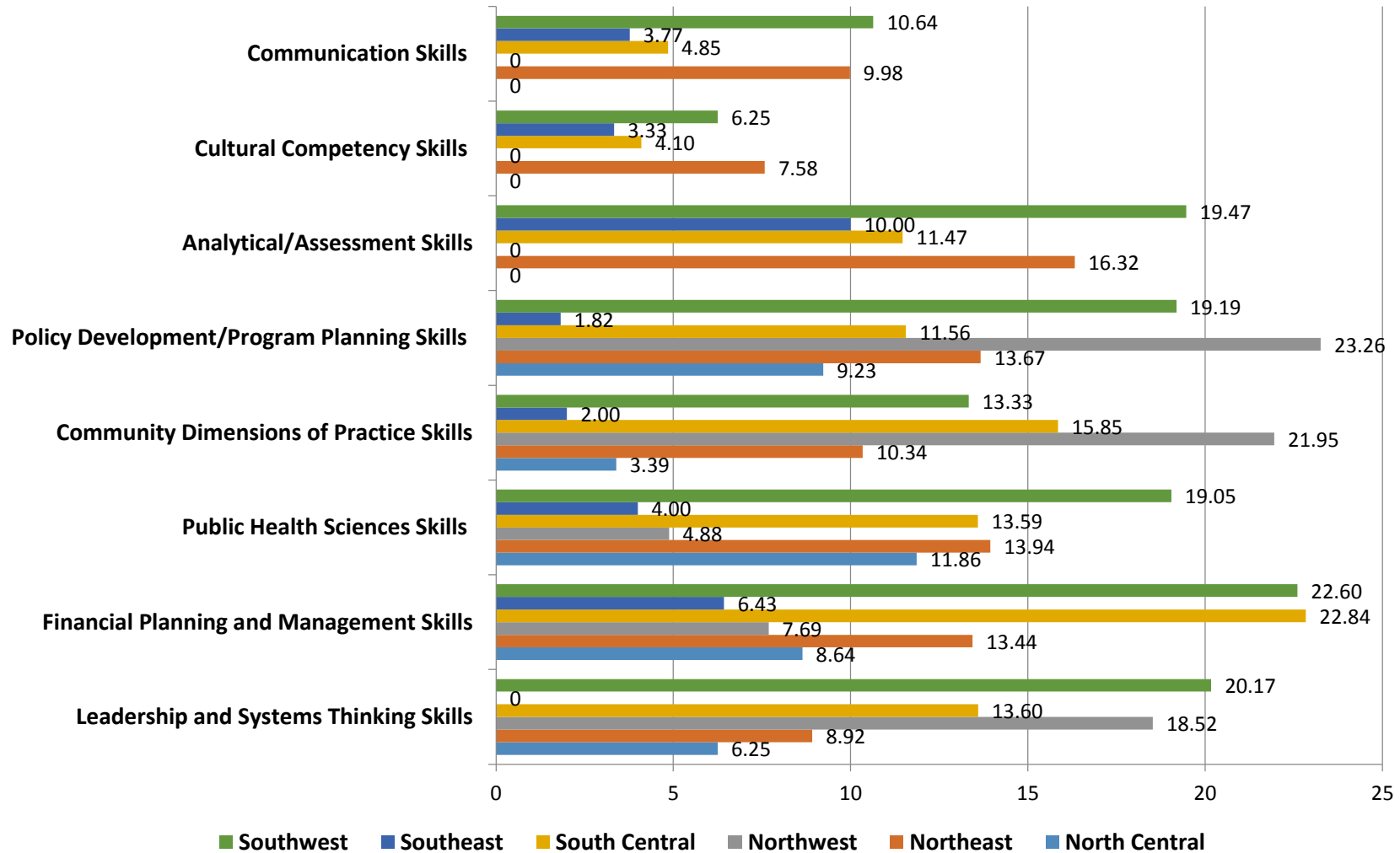
Regional Local Health Department Comparisons--Tier 3--Proficiency Percentages



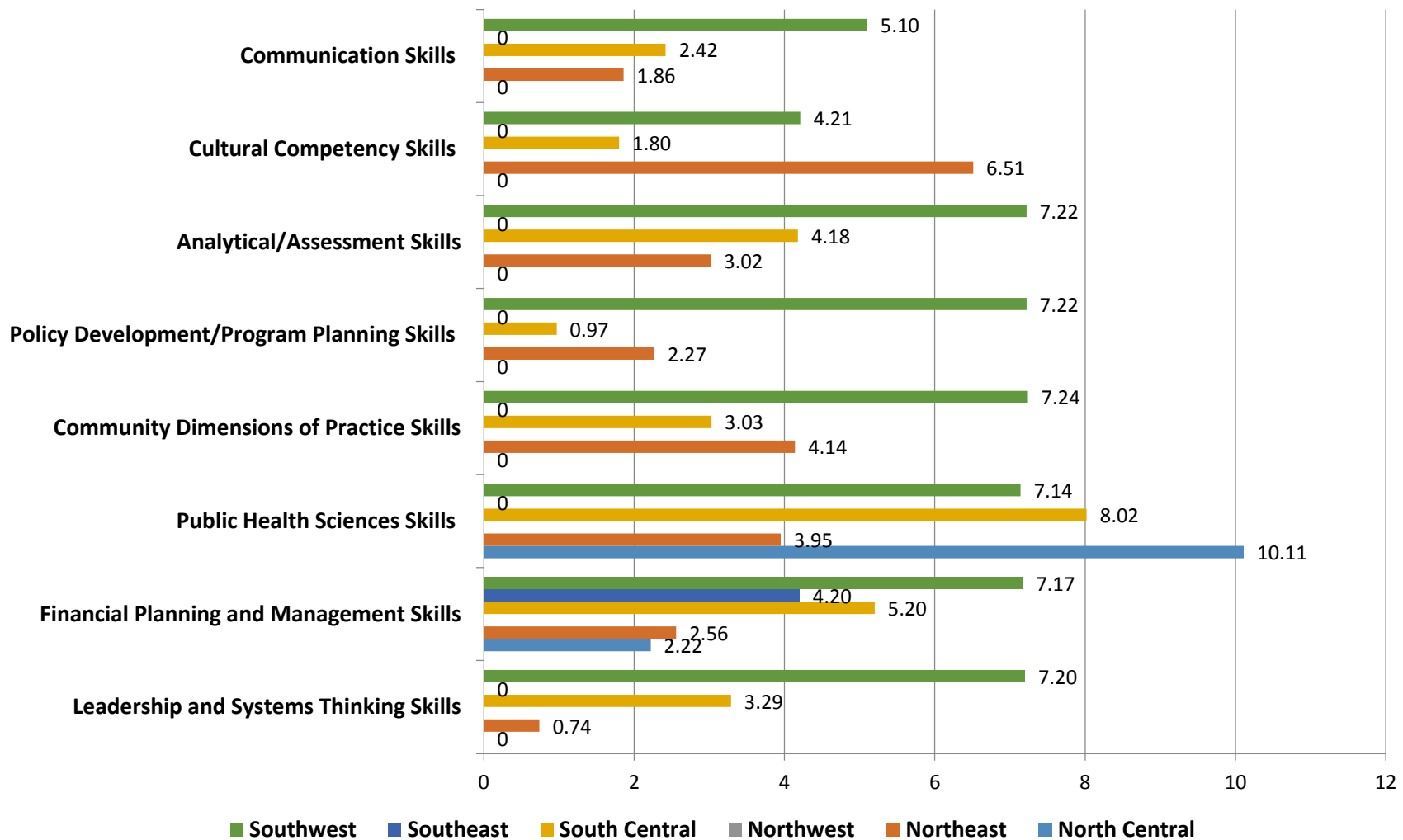
Regional Local Health Department Comparisons--Tier 1--Does Not Apply to My Job Percentages



Regional Local Health Department Comparison--Tier 2--Does Not Apply to My Job Percentages



Regional Local Health Department Comparisons--Tier 3--Does Not Apply to My Job Percentages



Kansas Local Health Department Regional Map

CHEYENNE <i>St. Francis</i> Mila Bandel 785-332-2381	RAWLINS <i>Atwood</i> Karla Heble 785-626-3968	DECATUR <i>Oberlin</i> Marilyn Gamblin 785-475-8118	NORTON <i>Norton</i> Gina Frack 785-877-7545	PHILLIPS <i>Phillipsburg</i> Beth Freeman 785-543-6850	SMITH <i>Smith Center</i> Laura Hageman 785-282-6656	JEWELL <i>Mankato</i> Angela Murray 785-378-4060	REPUBLIC <i>Belleville</i> Marcia Hansen 785-527-5671	WASHINGTON <i>Washington</i> Janice Kearn 785-325-2600	MARSHALL <i>Marysville</i> Sue Rhodes 785-562-3485	NEMAHA <i>Sabetha</i> Jane Sunderland 785-284-2152	BROWN <i>Hiawatha</i> Kristin Watkins 913-367-5152 HD 785-742-2505	DONIPHAN <i>Troy</i> Sheryl Pierce 785-985-3591			
SHERMAN <i>Goodland</i> Donna Terry 785-890-4888	THOMAS <i>Colby</i> Kasiah Rothchild 785-460-4596	SHERIDAN <i>Hoxie</i> Melissa Wachendorfer 785-675-2101	GRAHAM <i>Hill City</i> Michelle Billips 785-421-3326	ROOKS <i>Stockton</i> Lorraine Baughman 785-425-7352	OSBORNE <i>Osborne</i> Carla Mans 785-346-2412	MITCHELL <i>Beloit</i> Courtney Murrow 785-738-5175	CLOUD <i>Concordia</i> Diana Gering 785-243-8140	CLAY <i>Clay Center</i> Dana Rickley 785-632-3193	POTTAWATOMIE <i>Westmoreland</i> Leslie Campbell 785-457-3719	JACKSON <i>Holton</i> Kristin Watkins 913-367-5152 HD - 785-364-2670	ATCHISON <i>Atchison</i> Kristin Watkins 913-367-5152 HD 913-367-5152	Kansas City Larry Franken 913-321-4803			
WALLACE <i>Sharon Spring</i> Brenda Drennan 785-852-4272	LOGAN <i>Oakley</i> Georgetta Schoenfeld 785-671-4502	GOVE <i>Gove</i> Cheryl Goetz 785-938-2335	TREGO <i>WaKeeney</i> Kelsey Howard 785-743-6348	ELLIS <i>Hays</i> Robert Schlyer 785-628-9440	RUSSELL <i>Russell</i> Paula Bitter 785-483-6433	LINCOLN <i>Lincoln</i> Ladonna Reinert 785-524-4406	OTTAWA <i>Minneapolis</i> Sara Hodges 785-392-2822	SALINE <i>Salina</i> Loralee Tibbetts, Jason Tiller 785-826-6600	DICKINSON <i>Abilene</i> John Hultgren 785-263-4179	WABAUNSEE <i>Alma</i> Janet Wertzberger 785-765-2425	SHAWNEE <i>Topeka</i> Allison Alejos 785-368-2000	JEFFERSON <i>Oskaloosa</i> Beth Brown 785-863-2447	LEAVENWORTH <i>Leavenworth</i> Jamie Miller 913-250-2000	WYAN- DOTTE	
GREELEY <i>Tribune</i> Lisa Mortiz 620-376-4200	WICHITA <i>Leoti</i> Seanna Binns 620-375-2289	SCOTT <i>Scott City</i> Karen Sattler 620-872-5574	LANE <i>Dighton</i> Arlene Doll 620-397-2809	NESS <i>Ness City</i> Shelly Pavlu 785-798-3388	RUSH <i>LaCrosse</i> Kim Knieling 785-222-3427	BARTON <i>Great Bend</i> Shelly Schneider 620-793-1902	ELLSWORTH <i>Ellsworth</i> Ronda Kasiska 785-472-4488	RICE <i>Lyons</i> Marci Dietmer 620-257-2171	MCPHERSON <i>McPherson</i> Fern Hess 620-241-1753	MARION <i>Marion</i> Diedre Serene 620-382-2550	CHASE <i>Cottonwood Falls</i> Cheryl Jones 620-273-6377	LYON <i>Emporia</i> Phillip Davis 620-342-4864	OSAGE <i>Lyndon</i> Anne Gray 785-828-3117	FRANKLIN <i>Ottawa</i> Mary Ransom 785-229-3530	MIAMI <i>Paola</i> Rita McKoon 913-294-2431
HAMILTON <i>Syracuse</i> Rani Simon & Judy Schwieterman 620-384-7875	KEARNEY <i>Lakin</i> Rosemary Bachman 620-355-6342	FINNEY <i>Garden City</i> Ashley Goss 620-272-3600	HODGEMAN <i>Jetmore</i> Karen Haug 620-357-8736	PAWNEE <i>Larned</i> Robin Raha 620-285-6963	STAFFORD <i>St John</i> Doris Tompkins 620-549-3504	RENO <i>Hutchinson</i> Nick Baldetti 620-694-2900	HARVEY <i>Newton</i> Lynnette Redington 316-283-1637	SEDGWICK <i>Wichita</i> Adrienne Byrne-Lutz 316-660-7414	BUTLER <i>El Dorado</i> Janice Powers 316-321-3400	GREENWOOD <i>Eureka</i> Brooke Romans 620-583-6632	WOODSON <i>Yates Center</i> Chardel Hastings 620-625-2484	ALLEN <i>Iola</i> Chardel Hastings 620-365-2191	BOURBON <i>Fort Scott</i> Chardel Hastings 620-223-4464	ANDERSON <i>Garnett</i> Chardel Hastings 785-448-6559	LINN <i>Pleasanton</i> Michelle West 913-352-6640
STANTON <i>Johnson City</i> Ruth Walker 620-492-6443	GRANT <i>Ulysses</i> Kristy Fracee 620-356-1545	HASKELL <i>Sublette</i> Vada Winger 620-675-8191	GRAY <i>Cimarron</i> Rayna Maddox 620-855-2424	FORD <i>Dodge City</i> Angela Sowers 620-227-4545	KIOWA <i>Greensburg</i> Mitzi Hesser 620-723-2136	KINGMAN <i>Kingman</i> Cindy Chrisman-Smith 620-532-2221	SEDGWICK <i>Wichita</i> Adrienne Byrne-Lutz 316-660-7414	BUTLER <i>El Dorado</i> Janice Powers 316-321-3400	GREENWOOD <i>Eureka</i> Brooke Romans 620-583-6632	ELK <i>Howard</i> Kandy Dowell 620-374-2277	WILSON <i>Fredonia</i> Todd Durham 620-378-4455	NEOSHO <i>Chanute</i> Teresa Starr 620-431-5770	CRAWFORD <i>Pittsburg</i> Janis Goedeke 620-231-5411	ANDERSON <i>Garnett</i> Chardel Hastings 785-448-6559	LINN <i>Pleasanton</i> Michelle West 913-352-6640
MORTON <i>Elkhart</i> Rhianna Shaw 620-697-2612	STEVENS <i>Hugoton</i> Paula Rowden 620-544-7177	SEWARD <i>Liberal</i> Martha Brown 620-626-3369	MEADE <i>Meade</i> Barb Johannsen 620-873-8745	CLARK <i>Ashland</i> Mary Ann Cunningham 620-635-2624	COMANCHE <i>Coldwater</i> Shari Jellison 620-582-2431	BARBER <i>Medicine Lodge</i> Jerry McNamar 620-886-3294	HARPER <i>Anthony</i> Sherry Houston 620-842-5132	SUMNER <i>Wellington</i> Laura Rettig 620-326-2774	COWLEY <i>Winfield</i> David Brazil 620-221-1430	CHAUTAUQUA <i>Sedan</i> Annie Blankinship 620-725-5850	MONTGO- MERY <i>Coffeyville</i> Carolyn Muller 620-251-4210	LABETTE <i>Parsons</i> Deborah Baugher 620-421-4350	CHEROKEE <i>Columbus</i> Betha Elliott 620-429-3087	ANDERSON <i>Garnett</i> Chardel Hastings 785-448-6559	LINN <i>Pleasanton</i> Michelle West 913-352-6640

Appendix 1. Kansas Public Health Workforce Assessment Competencies At-A-Glance

Domain	Tier 1	Tier 2	Tier 3
Communications Skills	1.1. Identify the health literacy of the population served 1.2. Communicate in writing and orally, in person, and through electronic means, with cultural proficiency 1.3. Solicit community-based input from individuals and organizations 1.4. Convey public health/environmental information using a variety of approaches 1.5. Participate in the development of demographic, statistical, programmatic and scientific presentations 1.6. Apply communication and group dynamic strategies in interactions with individuals and groups	1.1. Assess the health literacy of the population served 1.2. Communicate in writing and orally, in person, and through electronic means, with cultural proficiency 1.3. Solicit input from individuals and organizations 1.4. Use a variety of approaches to disseminate public health/environmental information 1.5. Present demographic, statistical, programmatic, and scientific information for use by professional and lay audiences 1.6. Apply communication and group dynamic strategies in interactions with individuals and groups	1.1. Ensure that the health literacy of populations served is considered throughout all communication strategies 1.2. Communicate in writing and orally, in person, and through electronic means, with cultural proficiency 1.3. Ensure that the public health organization seeks input from other organizations and individuals 1.4. Ensure a variety of approaches are considered and used to disseminate public health information 1.5. Interpret demographic, statistical, programmatic, and scientific information for use by professional and lay audiences 1.6. Apply communication and group dynamic strategies in interactions with individuals and groups 1.7. Communicate the role of public health within the overall health system
Cultural Competency Skills	2.1. Incorporate strategies for interacting with persons from diverse backgrounds 2.2. Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services 2.3. Respond to diverse needs that are the result of cultural differences	2.1. Incorporate strategies for interacting with persons from diverse backgrounds 2.2. Consider the role of cultural, social, and behavioral factors in the delivery of public health services 2.3. Respond to diverse needs that are the result of cultural differences 2.4. Explain the dynamic forces that contribute to cultural diversity	2.1. Ensure that there are strategies for interacting with persons from diverse backgrounds 2.2. Ensure the consideration of the role of cultural, social, and behavioral factors in the delivery of public health services 2.3. Respond to diverse needs that are the result of cultural differences

Domain	Tier 1	Tier 2	Tier 3
	2.4. Describe the dynamic forces that contribute to cultural diversity 2.5. Describe the need for a diverse public health workforce 2.6. Participate in the assessment of the cultural competence of the public health organization	2.5. Describe the need for a diverse public health workforce 2.6. Assess public health programs for their cultural competence	2.4. Assess the dynamic forces that contribute to cultural diversity 2.5. Assess the need for a diverse public health workforce 2.6. Assess the public health organization for its cultural competence 2.7. Ensure the public health organization's cultural competence
Analytical and Assessment Skills	3.1 Identify the health status of populations and their related determinants of health and illness 3.2 Describe the characteristics of a population-based health problem 3.3 Use variables that measure public health conditions 3.4 Use methods and instruments for collecting valid and reliable qualitative and quantitative data 3.5 Identify sources of public health data and information 3.6 Recognize the integrity and comparability of data 3.7 Identify gaps in data sources 3.8 Adhere to ethical principles in the collection, maintenance, use, and dissemination of data and information 3.9 Describe the public health applications of quantitative and qualitative data 3.10 Collect quantitative and qualitative community data 3.11 Use information technology to	3.1 Assess the health status of populations and their related causes of health and illness 3.2. Describe the characteristics of a population-based health problem 3.3. Generate variables that measure public health conditions 3.4. Use methods and instruments for collecting valid and reliable qualitative and quantitative data 3.5. Reference sources of public health data and information 3.6. Examine the integrity and comparability of data 3.7. Identify gaps in data sources 3.8. Employ ethical principles in the collection, maintenance, use, and dissemination of data and information 3.9. Interpret quantitative and qualitative data 3.10. Make community-specific inferences from quantitative and qualitative data 3.11. Use information technology to	3.1. Review the health status of populations and their related causes of health and illness 3.2. Describe the characteristics of a population-based health problem 3.3. Evaluate variables that measure public health conditions 3.4. Critique methods and instruments for collecting valid and reliable quantitative and qualitative data 3.5. Expand access to public health data and information 3.6. Evaluate the integrity and comparability of data 3.7. Resolve gaps in data sources 3.8. Ensure the application of ethical principles in the collection, maintenance, use, and dissemination of data and information 3.9. Integrate the findings from quantitative and qualitative data into organizational operations 3.10. Determine community specific trends from quantitative and

Domain	Tier 1	Tier 2	Tier 3
	collect, store, and retrieve data 3.12 Describe how data are used to address scientific, political, ethical, and social public health issues	collect, store, and retrieve data 3.12. Use data to address scientific, political, ethical, and social public health issues	qualitative data 3.11. Use information technology to collect, store, and retrieve data 3.12. Incorporate data into the resolution of scientific, political, ethical, and social public health concerns 3.13 Identify the resources to meet community health needs
Policy Development and Program Planning Skills	4.1 Gather information relevant to specific public health/environmental policy issues 4.2. Describe how policy options can influence public health programs 4.3. Explain the expected outcomes of policy options 4.4. Gather information that will inform policy decisions 4.5. Describe the public health/environmental laws and regulations governing public health programs 4.6. Participate in program planning processes 4.7. Incorporate policies and procedures into program plans and structures 4.8. Identify mechanisms to monitor and evaluate programs for their effectiveness and quality 4.9. Demonstrate the use of public health informatics practices and procedures 4.10. Apply strategies for continuous	4.1. Analyze information relevant to specific public health/environmental policy issues 4.2. Analyze policy options for public health programs 4.3. Determine the feasibility and expected outcomes of policy options 4.4. Describe the implications of policy options 4.5. Use decision analysis for policy development and program planning 4.6. Manage public health/environmental programs consistent with public health laws and regulations 4.7. Develop plans to implement policies and programs 4.8. Develop policies for organizational plans, structures, and programs 4.9. Develop mechanisms to monitor and evaluate programs for their effectiveness and quality 4.10. Incorporate public health informatics practices 4.11. Develop strategies for continuous quality improvement	4.1. Evaluate information relevant to specific public health/environmental policy issues 4.2. Determine policy options for public health organization 4.3. Critique the feasibility and expected outcomes of various policy options 4.4. Critique selected policy options using data and information 4.5. Determine policy for the public health organization with guidance from the organization's governing body 4.6. Critique decision analyses that result in policy development and program planning 4.7. Ensure public health programs are consistent with public health laws and regulations 4.8. Implement plans and programs consistent with policies 4.9. Ensure the consistency of policy integration into organizational plans, procedures, structures, and programs 4.10. Critique mechanisms to evaluate

Domain	Tier 1	Tier 2	Tier 3
	quality improvement		<p>programs for their effectiveness and quality</p> <p>4.11. Oversee public health informatics practices and procedures</p> <p>4.12. Implement organizational and system-wide strategies for continuous quality improvement</p> <p>4.13. Integrate emerging trends of the fiscal, social and political environment into public health strategic planning</p>
Community Dimensions of Practice Skills	<p>5.1. Recognize community linkages and relationships among multiple factors (or determinants) affecting health</p> <p>5.2. Demonstrate the capacity to work in community-based participatory research efforts</p> <p>5.3. Identify stakeholders</p> <p>5.4. Collaborate with community partners to promote the health of the population</p> <p>5.5. Maintain partnerships with key stakeholders</p> <p>5.6. Use group processes to advance community involvement</p> <p>5.7. Describe the role of governmental and non-governmental organizations in the delivery of community health services</p> <p>5.8. Identify community assets and resources</p> <p>5.9. Gather input from the community to inform the development of public health policy and programs</p>	<p>5.1. Assess community linkages and relationships among multiple factors (or causes) affecting health</p> <p>5.2. Collaborate in community-based participatory research efforts</p> <p>5.3. Establish partnerships with key stakeholders</p> <p>5.4. Facilitate collaboration and partnerships to ensure participation of key stakeholders</p> <p>5.5. Maintain partnerships with key stakeholders</p> <p>5.6. Use group processes to advance community involvement</p> <p>5.7. Distinguish the role of governmental and non-governmental organizations in the delivery of community health services</p> <p>5.8. Negotiate for the use of community assets and resources</p> <p>5.9. Use community input when developing public health policies and programs</p> <p>5.10. Promote public health policies,</p>	<p>5.1. Evaluate the community linkages and relationships among multiple factors (or causes) affecting health</p> <p>5.2. Encourage community-based participatory research efforts within the public health organization</p> <p>5.3. Establish partnerships with key stakeholders</p> <p>5.4. Ensure the collaboration and partnerships of key stakeholders through the development of formal and informal agreements</p> <p>5.5. Maintain partnerships with key stakeholders</p> <p>5.6. Use group processes to advance community involvement</p> <p>5.7. Integrate the role of governmental and non-governmental organizations in the delivery of community health services</p> <p>5.8. Negotiate for the use of community assets and resources through MOUs and other formal and</p>

Domain	Tier 1	Tier 2	Tier 3
	5.10. Inform the public about policies, programs, and resources	programs and resources	informal agreements 5.9. Ensure community input when developing public health policies and programs 5.10. Defend public health policies, programs and resources 5.11. Evaluate the effectiveness of community engagement strategies on public health policies, programs, and resources
Public Health Science Skills	6.1. Describe the scientific foundation of the field of public health 6.2. Identify prominent events in the history of the public health profession 6.3 Apply the Ten Essential Services of Public Health in my day to day work (go to link for description: http://www.cdc.gov/nceh/ehs/ephli/core_ess.htm) 6.4. Relate public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health 6.5. Identify the basic public health sciences (epidemiology, etc.) 6.6. Describe the scientific evidence related to a public health issue, concern, or, intervention 6.7. Retrieve scientific evidence from a variety of text and electronic sources 6.8. Discuss the limitations of research findings 6.9. Describe the laws, regulations,	6.1. Discuss the scientific foundation of the field of public health 6.2. Distinguish prominent events in the history of the public health profession 6.3 Apply the Ten Essential Services of Public Health in my day to day work (go to link for description: http://www.cdc.gov/nceh/ehs/ephli/core_ess.htm) 6.4. Relate public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health 6.5. Apply the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs 6.6. Conduct a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention 6.7. Retrieve scientific evidence from a	6.1. Critique the scientific foundation of the field of public health 6.2. Explain lessons to be learned from prominent past events in comparison to the current events of the public health profession 6.3. Incorporate the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences (go to link for description: http://www.cdc.gov/nceh/ehs/ephli/core_ess.htm) 6.4. Apply the basic public health sciences (e.g. epidemiology, environmental, etc.) to public health policies and programs 6.5. Integrate a review of the scientific evidence related to a public health/environmental issue, concern, or, intervention into the practice of public health 6.6. Synthesize scientific evidence from

Domain	Tier 1	Tier 2	Tier 3
	<p>policies and procedures for the ethical conduct of research</p> <p>6.10. Partner with other public health professionals in building the scientific base of public health</p>	<p>variety of text and electronic sources</p> <p>6.8. Determine the limitations of research findings</p> <p>6.9. Determine the laws, regulations, policies and procedures for the ethical conduct of research</p> <p>6.10. Contribute to building the scientific base of public health</p>	<p>a variety of text and electronic sources</p> <p>6.7. Critique the limitations of research findings</p> <p>6.8. Advise on the laws, regulations, policies and procedures for the ethical conduct of research</p> <p>6.9. Contribute to building the scientific base of public health</p> <p>6.10. Establish partnerships with academic and other organizations to expand the public health science base and disseminate research findings</p>
Financial Planning and Management Skills	<p>7.1. Describe the local, state, and federal public health and health care systems</p> <p>7.2. Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies</p> <p>7.3. Adhere to the organization's policies and procedures</p> <p>7.4. Participate in the development of a programmatic budget</p> <p>7.5. Operate programs within current and forecasted budget constraints</p> <p>7.6. Identify strategies for determining budget priorities based on federal, state, and local financial contributions</p> <p>7.7. Report program performance</p> <p>7.8. Translate evaluation report information into program performance improvement action steps</p> <p>7.9. Contribute to the preparation of</p>	<p>7.1. Interpret the interrelationships of local, state, and federal public health and health care systems for public health program management</p> <p>7.2. Interpret the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management</p> <p>7.3. Develop partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events</p> <p>7.4. Implement the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization</p> <p>7.5. Develop a programmatic budget</p> <p>7.6. Manage programs within current and</p>	<p>7.1. Leverage the interrelationships of local, state, and federal public health and health care systems for public health program management</p> <p>7.2. Leverage the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management</p> <p>7.3. Manage partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events</p> <p>7.4. Manage the implementation of the judicial and operational procedures of the administrative unit that oversees the operations of the public health organization</p> <p>7.5. Defend a programmatic and</p>

Domain	Tier 1	Tier 2	Tier 3
	<p>proposals for funding from external sources</p> <p>7.10. Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts</p> <p>7.11. Demonstrate public health informatics skills to improve program and business operations</p> <p>7.12. Participate in the development of contracts and other agreements for the provision of services</p> <p>7.13. Describe how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making</p>	<p>forecasted budget constraints</p> <p>7.7. Develop strategies for determining budget priorities based on federal, state, and local financial contributions</p> <p>7.8. Evaluate program performance</p> <p>7.9. Use evaluation results to improve performance</p> <p>7.10. Prepare proposals for funding from external sources</p> <p>7.11. Apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts</p> <p>7.12. Apply public health informatics skills to improve program and business operations</p> <p>7.13. Negotiate contracts and other agreements for the provision of services</p> <p>7.14. Use cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making</p>	<p>organizational budget</p> <p>7.6. Ensure that programs are managed within current and forecasted budget constraints</p> <p>7.7. Critique strategies for determining budget priorities</p> <p>7.8. Determine budgetary priorities for the organization</p> <p>7.9. Evaluate program performance</p> <p>7.10. Use evaluation results to improve performance</p> <p>7.11. Approve proposals for funding from external sources</p> <p>7.12. Apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts</p> <p>7.13. Integrate public health informatics skills into program and business operations</p> <p>7.14. Approve contracts and other agreements for the provision of services</p> <p>7.15. Include the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making</p> <p>7.16. Incorporate data and information to improve organizational processes and performance</p> <p>7.17. Establish a performance management system</p>

Domain	Tier 1	Tier 2	Tier 3
Leadership and Systems Thinking Skills	<p>8.1. Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals</p> <p>8.2. Describe how public health operates within a larger system</p> <p>8.3. Participate with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action</p> <p>8.4. Identify internal and external problems that may affect the delivery of Essential Public Health Services</p> <p>8.5. Use individual, team and organizational learning opportunities for personal and professional development</p> <p>8.6. Participate in mentoring and peer review or coaching opportunities</p> <p>8.7. Participate in the measuring, reporting and continuous improvement of organizational performance</p> <p>8.8. Describe the impact of changes in the public health system, and larger social, political, economic environment on organizational practices</p>	<p>8.1. Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals</p> <p>8.2. Incorporate systems thinking into public health practice</p> <p>8.3. Participate with stakeholders in identifying key values and a shared vision as guiding principles for community action</p> <p>8.4. Analyze internal and external problems that may affect the delivery of Essential Public Health Services</p> <p>8.5. Promote individual, team and organizational learning opportunities</p> <p>8.6. Establish mentoring, peer advising, coaching or other personal development opportunities for the public health workforce</p> <p>8.7. Contribute to the measuring, reporting and continuous improvement of organizational performance</p> <p>8.8. Modify organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment</p>	<p>8.1. Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals</p> <p>8.2. Integrate systems thinking into public health practice</p> <p>8.3. Partner with stakeholders to determine key values and a shared vision as guiding principles for community action</p> <p>8.4. Resolve internal and external problems that may affect the delivery of Essential Public Health Services</p> <p>8.5. Advocate for individual, team and organizational learning opportunities within the organization</p> <p>8.6. Promote mentoring, peer advising, coaching or other personal development opportunities for the public health workforce, including him or herself</p> <p>8.7. Ensure the measuring, reporting and continuous improvement of organizational performance</p> <p>8.8. Ensure organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment</p> <p>8.9. Ensure the management of organizational change</p>

Domain	Tier A
Professional Skills	<ul style="list-style-type: none"> • Communicate effectively with people of different cultures and socio-economic backgrounds in writing, in person, and through electronic means • Share public health information using a variety of methods • Incorporate strategies for interacting with persons from diverse backgrounds • Respond to diverse needs that are the result of cultural differences • Act in an ethical manner in the collection, maintenance, use, and distribution of data and information • Use computers, computer programs and other technologies to collect, store, and retrieve data • Gather and compile information that can be used to inform policy decisions • Participate in program planning • Apply strategies for continuous quality improvement in routine work • Maintain partnerships with key stakeholders • Adhere to the organization's policies and procedures • Operate within current and forecasted budget limitations • Apply basic human relations skills (sensitivity, fairness, empathy, understanding, tact) to internal collaborations, motivation of colleagues, and resolution of conflicts • Incorporate ethical standards of practice (such as with honesty, fairness, equality) as the basis of all interactions with organizations, communities, and individuals • Describe the essential services of public health • Use individual, team and organizational learning opportunities for personal and professional development • Participate in mentoring and peer review or coaching opportunities • Participate in the measuring, reporting and continuous improvement of the organizational through quality improvement

Training/Educational Opportunities	<ul style="list-style-type: none"> • At work, I have opportunities to learn and grow. • Individual differences across age, ethnicity, and working style are understood and managed well organization-wide. • Employees are continually developed through training, education, and opportunities for promotion. • My organization provides a variety of training opportunities for employees. • I have the skills I need to do my job. • I am allowed to take initiative to assess my skills and seek appropriate training. • Training is structured to meet the needs of employees. • Training is implemented as part of an overall system of employee development. • I am comfortable with technology-based training.
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Tier Definitions

Tier A—Core competencies apply to administrative and facilities support--Responsibilities of these professionals include front office duties, intake, billing, records management, personnel, facilities/maintenance and technical support/IT.

Tier 1--Core Competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

Tier 2--Core Competencies apply to individuals with program management and/or supervisory responsibilities. Responsibilities in addition to program/personnel management may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc.

Tier 3--Core Competencies apply to individuals at a senior/management level and leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building an organization's culture.